

# BACKGROUND GUIDE



## WHITE HOUSE COVID-19 TASK FORCE

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**TIMUN**

— EST 2020 —

# DIRECTOR'S LETTER

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Dear Delegates,

We are very excited to welcome you to the inaugural Toronto International Model United Nations conference. We are thrilled to have this cohort of delegates in an innovative and experimental online Model UN conference.

My name is Fatema, and I will be your Committee Director for the US Coronavirus Task Force Committee focusing on Wave 2 of Covid-19. I am an incoming second-year at the University of Toronto studying Economics and Ethics, Society, and Law. I started my Model UN journey in the 8th grade as a delegate, and since starting University have transitioned towards the Administrative side of MUN. In my free time, you'll find me brunching with friends, exploring indie cafes around Toronto, or volunteering at a local children's book bank.

We have developed a Committee that is dynamic, current, and urgent. The Covid-19 crisis has transformed society as we know it. Even when things go back to 'normal', our normal will have evolved into something new. Face masks, online learning, work-from-home, among many others, are likely to be characteristics of our new world. Online connection will have taken up a much bigger portion of our lives. Given the transformative nature of this era, we believe that this Committee topic would be stimulating for delegates. Most importantly, we hope that this simulation opportunity will support delegates in answering a question that many of us have pondered: How has the United States of America, arguably the most powerful global hegemony, established itself as the hardest-hit nation in the Covid crisis? As the world grieves the loss of a pre-Pandemic world and grapples with the emergence of a new social order, a deeper understanding is needed not only of the origin of the crisis (as China and many other nations contained the disease much more effectively and efficiently than the US), but rather of the role that leadership plays in the resilience against disaster. Our Committee's success will be determined by whether you will walk away (or rather, close your browser tab) with a better understanding of these issues.

The Dais, composed of me, your Vice-Director Christy Kheirallah, and your Moderator Nicolina Fasciano, is confident that this will be a positive experience for us and you alike. We are open to suggestions or recommendations on making the Committee more accessible, inclusive, and enjoyable for you all. If there are any questions or concerns, please do not hesitate to reach out to us at the email below - it's what we're here for! Looking forward to meeting you all, Fatema NamiDirector, US Coronavirus Task Force [taskforce@timun.org](mailto:taskforce@timun.org)

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## A Statement on Equity

The Covid-19 crisis is an ongoing issue, and one that is recent and fresh in our minds. Delegates should be very careful with the language they use - this Committee deals with serious issues of life or death and is dealing with the medical response to the crisis. Debate should be restricted to the handling of the Pandemic, and should keep away from social and cultural debates/attitudes towards the issue. TIMUN will not tolerate any Xenophobia, racism, discrimination, or insensitivity towards this subject. Any equity concerns will be brought up to the TIMUN Equity Officer, and in extreme cases of Equity violation, delegates may be removed from Committee.

## Committee Description

On the eve of December 31st 2019, municipal health officials in the Capital of China's central Hubei province reported dozens of cases of pneumonia from an unknown viral cause.<sup>1</sup> Soon later discovered as a novel Coronavirus, the disease had spread within weeks to the surrounding countries of Thailand, Japan, South Korea, and by January 21st of 2020, to the United States of America.<sup>2</sup> By January 31st, the US Department of Health and Human services declared the novel Coronavirus a national public health emergency, restricting inbound travel from the Hubei province and ordering mandatory 14-day quarantines for repatriated Americans.<sup>3</sup>

In the months since January, the United States has witnessed nearly uncontrollable surges in Covid-19 cases. On March 27th, the US overtook China with the most Covid cases,<sup>4</sup> and by April 11th, the country surpassed Italy for having the most confirmed Coronavirus-related deaths in the world.<sup>5</sup> The country has witnessed overall rises in new cases.<sup>6</sup> The initial federal response was limited, at best. Outbreak mitigation and the provision of supplies was left mostly to individual states, and unlike other regional epicenters of the disease such as China, Iran, and Italy which quickly imposed national lockdowns, the US had little coordination on the Federal level to implement a collective nation-wide response.<sup>7</sup> BBC refers to the early US Federal response to the pandemic as "the lost six weeks", during which other countries took drastic lockdown measures and closed their borders to slow the spread whereas US officials downplayed the severity of the outbreaks.<sup>8</sup>

Our committee begins on October 1st of 2020. We will simulate the White House Coronavirus Task Force, whose goal is to "monitor, contain, and mitigate the spread of the virus".<sup>9</sup> As delegates, you will undertake various roles on the task force, ranging from leaders of Government Agencies to subject matter experts. With an assumed stabilization of cases and reopening in full momentum, states begin to see small rises and new clusters of cases. The Task Force will be primarily tasked with flattening the curve of an emerging second wave, minimizing infection rates

1 Archived: WHO Timeline - COVID-19. (n.d.). Retrieved July 16, 2020, from <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

2 Ibid.

3 Alfonso, F. (2020, February 01). January 31 coronavirus news. Retrieved July 16, 2020, from <https://edition.cnn.com/asia/live-news/coronavirus-outbreak-01-31-20-intl-hnk/index.html>

4 Coronavirus: US overtakes China with most cases. (2020, March 27). Retrieved July 16, 2020, from <https://www.bbc.com/news/world-us-canada-52056586>

5 UPDATED: Timeline of the Coronavirus: Think Global Health. (n.d.). Retrieved July 16, 2020, from <https://www.thinkglobalhealth.org/article/updated-timeline-coronavirus>

6 Zurcher, A. (2020, May 13). Coronavirus response: Things the US has got right - and got wrong. Retrieved July 16, 2020, from <https://www.bbc.com/news/world-us-canada-52579200>

7 Coronavirus: The lost six weeks when US failed to contain outbreak. (2020, May 12). Retrieved July 16, 2020, from <https://www.bbc.com/news/av/world-us-canada-52622037/coronavirus-the-lost-six-weeks-when-us-failed-to-contain-outbreak>

8 Ibid.

9 <https://www.whitehouse.gov/briefings-statements/statement-press-secretary-regarding-presidents-coronavirus-task-force/>



# TOPIC A: Wave 2 Response

## Access to Medical Supplies

As the Coronavirus is expected to go through a second wave this Fall, there are a lot of factors to take into consideration when working on flattening the curve. As health officials have chosen the approach to this pandemic, which is the delay and vaccinate approach, the first order of business when discussing response is the access to medical supplies.<sup>10</sup> A main actor in the US is The Federal Emergency Management Agency (FEMA), which is tasked with emergency responses in the US and has provided medical supplies and more resources in order for civilians to cope with the financial, social, and health stressors of emergencies.<sup>11</sup> One of the main problems that are faced in this instance are the depletion of resources that FEMA has to account for when the second wave hits.<sup>12</sup> This was seen to be a problem in early April during the first wave of the Virus, when The Department of Health and Human Services (HHS) which manages the Strategic National Stockpile of equipment and Personal Protective Equipment (PPE) had faced shortages.<sup>13</sup> Furthermore, it is important to note that despite the economic decline faced due to the Coronavirus, it is the officials' responsibilities to continue the push for medical neutrality and equal resources for all, such as marginalized communities.

As aforementioned, there has been a depletion in PPE stocks as the first wave of COVID-19 unfolded. In The first wave, the Trump administration had pushed for more PPE production through a wartime act from the 1950s, however, this plan had backfired as there was a clear lack of federal top-down organization, which didn't make use of tax breaks for instance in order "to incentivise companies to increase PPE production".<sup>14</sup> This left the capitalist economy to have healthcare workers and people bidding against each other for PPE, as well as have taken the lives of some as they were forced to wear certain PPE that were designed for a one time use, like masks, multiple days, and sometimes weeks at a time.<sup>15</sup> This is due to the shortage that was seen early on in the pandemic, where president Trump had demanded for more production of PPE, however failed to include tax breaks on such goods.<sup>16</sup> This led to increased and unreasonable pricings of PPE, where some people decided to make large profits off of them, and others bidding for whoever could pay the steeper price for their well being.<sup>17</sup> This however led to not only a drop in the economy, but spikes in mortality rates caused by COVID-19 as many did not have the privilege of taking adequate measures to protect themselves due to the inability to afford PPE.<sup>18</sup>

## Testing

When it comes to medical emergencies, testing holds incredible significance for various reasons.<sup>19</sup> Testing patients, ideally symptomatic and asymptomatic (if exposed), allows for a better understanding of the patterns of virus spread, enables an evaluation of current procedures, and allows for outbreak mitigation by leaving

10 TED-Ed. When is a pandemic over?. Youtube Video, 5:52. June 1, 2020. [https://www.youtube.com/watch?v=Qi0edf\\_nJDo](https://www.youtube.com/watch?v=Qi0edf_nJDo).

11 U.S. Coronavirus Response: Who's In Charge of What? (n.d.). Retrieved July 16, 2020, from <https://www.cfr.org/article/us-trump-coronavirus-response-covid19-agencies-in-charge>.

12 Ibid

13 Ibid

14 Baker, S. (2020, July 15). Despite months of warning, the US could soon run out of gloves, goggles, and body bags as coronavirus cases keep surging. Retrieved July 16, 2020, from

<https://www.businessinsider.com/us-could-face-new-ppe-shortage-coronavirus-surge-2020-7>

15 Ibid.

16 Ibid.

17 Ibid

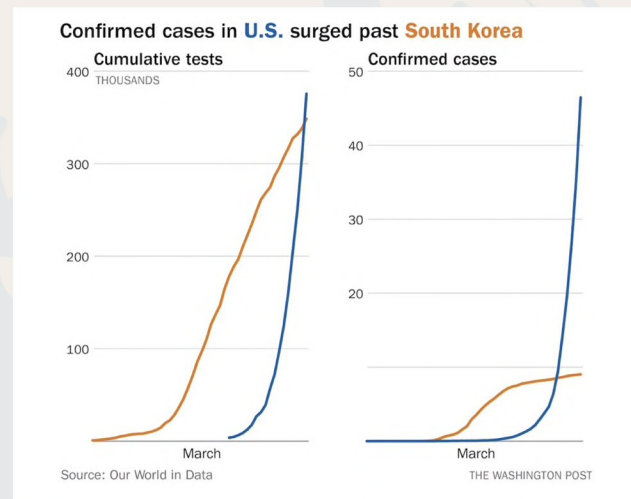
18 Ibid.

19 Coronavirus data to be collected by Trump administration instead of CDC: officials (2020, July 15). Retrieved July 16, 2020, from <https://globalnews.ca/news/7181502/coronavirus-cdc-data/>



room for contact tracing. Additionally, constant and large-scale testing is the only mechanism through which life could go back to normal after a stabilization of cases and before the development of a vaccine. This would allow a proper understanding of exactly who is affected and thus required to self-isolate while others can resume life. This is mainly done through the enforcement of a 14 day self isolation period once an individual arrives in a country, however, as such measures are enforced in Canada through penalties and fines, they are only recommended by the US.<sup>20</sup>

The US' testing rate has fallen significantly behind most other countries. Here, a comparison to South Korea, whose response to the crisis can be seen as a successful example, is helpful. Having experienced novel disease outbreaks such as SARS and MERS in the past, South Korea had rapidly asked its medical companies to develop a test and for manufacturers to prepare for mass production, with the first round of production starting 6 days after the diagnosis of the first South Korean case.<sup>21</sup> The Centers for Disease Control and Prevention, in charge of testing in the US, did not approve a test until two weeks after their first case, eventually admitting that the first testing kits were flawed and recalling them by mid-February.<sup>22</sup> While President Trump spoke publicly about the virus which he believed would disappear", South Korea was already producing and shipping thousands of testing kits every day.<sup>23</sup> By mid-March, the US had tested only 31 per 100,000 people, whereas South Korea had tested 558 per 100,000.<sup>24</sup> Although the US's testing rate eventually caught up to (and exceeded) that of South Korea in mid-April, the initial delays in testing rates had immense impacts on the progression of the American outbreak. Individual states were "essentially flying blind" during February and early-March without a real way of knowing the extent and severity of their outbreaks.<sup>25</sup>



During the second wave, the US has an opportunity to change course from its earlier approach. With tests having caught up and reached large-scale manufacturing and processing, testing can be done from the beginning of the wave instead of weeks after. However, certain members of committee might have interests in maintaining order and reflecting a positive light onto the current administration, complicating the seemingly obvious need for large-scale testing. This has been brought to the public's attention in late June, where Trump announced at a rally that he had ordered for testing to slow down in order to maintain the impression of control over the virus.<sup>26</sup>

<sup>20</sup> Ibid

<sup>21</sup> Coronavirus: The lost six weeks when US failed to contain outbreak. (2020, May 12). Retrieved July 16, 2020, from <https://www.bbc.com/news/av/world-us-canada-52622037/coronavirus-the-lost-six-weeks-when-us-failed-to-contain-outbreak>

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Trump now says he wasn't kidding when he told officials to slow down coronavirus testing, contradicting staff. (2020, June 23). Retrieved July 16, 2020, from <https://edition.cnn.com/2020/06/22/politics/donald-trump-testing-slow-down-response/index.html>



## Data Collection

For decades, the Centers of Disease Control and Prevention has been the Federal authority in charge of collecting medical data from hospitals. However, as of July, the Trump administration directed hospitals not to report Covid-19 data to the CDC, and instead send information either directly to the state or to the Department of Health and Human Services.<sup>27</sup> This has sparked both controversy and confusion surrounding Pandemic-related data, which is essential for informing government strategy on Covid-19. Trump and the HHS claimed that the authority was shifted due to the failure of some hospitals to report information daily.<sup>28</sup> However, numerous hospital leaders suggested that the root cause of any data lags or inaccuracies is the Federal government's shifting instructions, including new data reporting guidelines with increased burdens on already-strained health facilities.<sup>29</sup>

The new data collection and tracking system, seemingly put-together hastily and haphazardly, has been met with considerable opposition. As of July 31st, the HHS has not updated data on ICU bed availability and hospital capacities in over a week, whereas the CDC had updated their information three times a week.<sup>30</sup> Hospitals themselves were only given a few days notice to switch to a new data collection system, a deviation from a 15-year structure, and scrambled to adapt amidst already overburdened staff.<sup>31</sup> Moreover, communities are having a difficult time assessing overcapacity risks due to the new system. Previously, hospitals would submit daily reports on total beds occupied and ICU availability. This would be used by the CDC to issue data on capacities in different areas (for example, towns or counties), and public health officials would use this data to assess the risk of being overwhelmed.<sup>32</sup> With the new system, the data that the HHS reports is not only relatively infrequent, but also aggregates the information on a state level, without specific approximations of available ICU beds or accounting for lags and gaps in reporting.<sup>33</sup> This means that emergency medical personnel no longer have up-to-date information, specific to their area, on hospital capacities which would allow them to allocate patients to the next hospital or next county.<sup>34</sup>

## Contact Tracing

According to the World Health Organization, contact tracing is "the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission".<sup>35</sup> This is central for the mitigation of Covid outbreaks, as it breaks the chain of transmission of the disease.<sup>36</sup>

In the US, The Centers for Disease Control and Prevention is primarily responsible for contact tracing. While the CDC does have a comprehensive course of action for contact tracing, the effectiveness of the process is limited by multiple factors. First, the US testing rate, which falls beneath scientifically suggested rates, fails to

27 CDC director white house stripped agency of Covid-19 data with no warning. (2020, July 30). Retrieved July 31st, 2020, from <https://www.forbes.com/sites/jemimamcevoy/2020/07/31/cdc-director-white-house-stripped-agency-of-covid-19-data-with-no-warning/#56a6404f5935>

28 Ibid.

29 Ibid.

30 Covid-19 Hospital data system that bypasses CDC plagued by delays and inaccuracies (2020, July 31). Retrieved July 31, 2020, from

<https://www.npr.org/sections/health-shots/2020/07/31/897429054/covid-19-hospital-data-system-that-bypasses-cdc-plagued-by-delays-inaccuracies>

31 Ibid.

32 Ibid.

33 Ibid.

34 Ibid.

35 Coronavirus Disease (COVID-19) - events as they happen. (n.d.). Retrieved July 16, 2020, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

36 Ibid.



maximise the number of COVID-infected people officially diagnosed, eliminating the possibility of contact tracing for patients with flu-like symptoms who may be Covid carriers but may not have received testing to confirm. Additionally, the success of reducing spread through contact tracing relies on rapid notification of exposure - as early as 24 hours from contact.<sup>37</sup> Since Covid-19's incubation period may be up to 14 days, carriers may not experience symptoms till a significant time after contraction, transmitting the virus onto their contacts for days or even a week before post-diagnosis contract tracing can even begin.

Beyond the technical limitations of contact tracing, legal concerns add to the extent to which the CDC's contact tracing can be seen as effective. Enforcing isolation and quarantine for individuals is within the jurisdiction of state and local authorities, rather than the Federal government (with the exception of isolation and/or quarantine for those entering the country or traveling between states).<sup>38</sup>

Although delegates may work to rectify some of the concerns above, the 'perfect' implementation of contact tracing is not feasible. Thus, delegates should view this process as a complement to other measures to prevent spread such as the encouragement of proper hygiene, face coverings, physical distancing etc.

## Travel Restrictions

Given the centrality of international travel to the rapid spread of Covid-19 worldwide, travel restrictions are a necessary response during this pandemic. The Department of Homeland Security is in charge of this, and has implemented travel restrictions in and out of the US as well as setting up the necessary resources and equipment needed to run tests and continue contact tracing.<sup>39</sup> Health screenings have been conducted at airports for incoming travelers, as well as outdoor processing points designed to detect COVID-19 in individuals crossing over from Mexico.<sup>40</sup> Furthermore, the Department has issued a temporary suspension of incoming flights from China, Iran, and certain EU countries (with the exception of repatriation flights for American citizens).<sup>41</sup>

During Committee, delegates may enforce travel restrictions to prevent incoming patients from sparking outbreaks within the US. However, they must consider the economic implications of such restrictions. The American economy has suffered during the crisis, partly due to the halting of travel, and officials (including President Trump) have made clear their desire to reopen borders in an effort to alleviate the incoming recession. Delegates must balance the need for disease mitigation strategies with economic concerns, in line with their characters' positions.

## Committee Direction & Questions to Consider

As delegates work to control the incoming second wave, they must pay clear attention to the scope of the Task Force's jurisdiction. In the United States, healthcare is generally managed by individual states, with exceptions made for

<sup>37</sup> Contact Tracing for COVID-19. (2020, June 17). Retrieved July 16, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html>

<sup>38</sup> <https://www.cdc.gov/quarantine/aboutlawsregulationsquarantineisolation.html>

<sup>39</sup> U.S. Coronavirus Response: Who's In Charge of What? (n.d.). Retrieved July 16, 2020, from <https://www.cfr.org/article/us-trump-coronavirus-response-covid19-agencies-in-charge>

<sup>40</sup> Ibid

<sup>41</sup> Ibid.

times of “national crisis”. This puts our committee in a grey zone, as we have seen through tensions in April between President Trump and state Governors over the constitutional powers of the Federal government regarding instituting or lifting lockdowns.<sup>42</sup> This is also a concern for measures such as social gathering limits and restrictions on the operation of high-traffic indoor settings such as malls, subways, etc.

Given the above, the Task Force should primarily be tasked with response should primarily be reactive rather than preemptive. Since restrictions on movement and gathering are primarily handled by individual states, the Task Force does not have much control over preventing outbreaks and surges in cases. Instead, their work occurs behind the scenes: providing states with the support and resources they require to tackle their outbreaks. This means focusing on the provision of medical supplies and equipment, accelerating testing, minimizing transmission through travel (whether that’s inter-state or incoming travelers), among other concerns. Below are some questions that delegates may consider when debating Wave 2 mitigation strategies:

- 1) What measures can the Federal government take to rectify gaps in the PPE supply chain?
- 2) In the early months of the crisis, what were the causes of the shortages in Covid-19 tests? How can this inform the prevention of future shortages?
- 3) Although the Task Force does not have the power to institute lockdowns, what recommendations can it make to states to prevent disease spread?
- 4) Keeping in mind your individual political positioning, how will you, as a delegate, balance responsible responses to the crisis with a commitment to the real-life stances of your character?

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<sup>42</sup>Coronavirus: Trump feuds with governors over authority. (2020, April 14). Retrieved July 16, 2020 from <https://www.bbc.com/news/world-us-canada-52274969>



# TOPIC B: Vaccine Development

## A Covid Vaccine: Hype or Hero?

A vaccine for Covid-19 has been largely touted as the surefire means through which lives could go back to normal, and the disease can be controlled. Many scientists, however, argue that this may not be the case. Although a vaccine would greatly assist in the prevention of outbreaks, most scientists suggest that SARS-CoV-2 (the virus responsible for the Covid-19 disease) will continue to circulate among the world's population for decades to come.<sup>43</sup> Such diseases are called endemic diseases -such as HIV and chickenpox which are extremely difficult to eradicate and thus become an ongoing long-term concern for health officials.<sup>44</sup>

There are multiple reasons for this. First, although SARS-CoV-2 is a generally stable virus, it has shown early evidence of mutations which could not only slow the vaccine development process, but also create a need for a new vaccine every year.<sup>45</sup> This is the case for the influenza virus, which mutates so rapidly that a new vaccine is developed every year to target the new strain of the virus.<sup>46</sup> Another concern is vaccine effectiveness. The CDC reports that a vaccine for measles is 93-97% effective<sup>47</sup>, whereas a vaccine for the seasonal flu is only 40-60% effective.<sup>48</sup> This is in part due to genetic stability, but also depends on scientists' luck in finding a vaccine which immune systems are responsive to. Thus, it is unclear whether a Covid-19 vaccine will necessarily be greatly effective in preventing infection - it might only give partial immunity. Most importantly, coronaviruses in general do not result in long-lasting immunity. For example, immune responses to common colds fade so rapidly that individuals may become reinfected within one year.<sup>49</sup> Early research has shown that Covid-19 antibodies in recovered patients decay quickly within the first three months after disease, making these patients susceptible to re-infection after this period.<sup>50</sup> Thus, even assuming that an effective vaccine can be found, it is unclear whether such a vaccine would provide long-lasting immunity.

All hope is not lost, however. Even if Covid-19 becomes an endemic disease around which we would have to adjust our lives, experts believe that the situation may not always be this dire. There are already four endemic coronaviruses which circulate continuously, causing the common cold, and experts believe that in their early years of transmission to humans these viruses may have been as deadly as SARS-CoV-2.<sup>51</sup> As immunity spreads and our bodies adapt over time, the effects of SARS-CoV-2 may become milder and eventually reduce back to the impact of a common cold.<sup>52</sup> Nevertheless this process is expected to take years at minimum, and most likely over a decade. Thus the need for a current response to Covid-19 is still pressing; this includes the immediate response, the race towards a vaccine, and the development of a long-term framework for the disease. Instead, the purpose of this discussion is to re-center the dialogue and attitude surrounding

43 Coronavirus may never go away, even with a vaccine. (2020, May 27). Retrieved July 16, 2020 from <https://www.washingtonpost.com/health/2020/05/27/coronavirus-endemic/>

44 Ibid.

45 Why we might not get a coronavirus vaccine. (2020, May 22). Retrieved July 16, 2020 from <https://www.theguardian.com/world/2020/may/22/why-we-might-not-get-a-coronavirus-vaccine>

46 Ibid.

47 Measles Vaccination. (2019, March 28). Retrieved July 16, 2020 from <https://www.cdc.gov/vaccines/vpd/measles/index.html>

48 Vaccine Effectiveness: How Well Do the Flu Vaccines Work?. (2020, January 3). Retrieved July 16, 2020 from <https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm>

49 Why we might not get a coronavirus vaccine. (2020, May 22). Retrieved July 16, 2020 from <https://www.theguardian.com/world/2020/may/22/why-we-might-not-get-a-coronavirus-vaccine>

50 Study: COVID-19 antibodies decay quickly after mild illness. (2020, July 22). Retrieved July 16, 2020 from <https://www.cidrap.umn.edu/news-perspective/2020/07/study-covid-19-antibodies-decay-quickly-after-mild-illness>

51 Coronavirus may never go away, even with a vaccine. (2020, May 27). Retrieved July 16, 2020 from <https://www.washingtonpost.com/health/2020/05/27/coronavirus-endemic/>

52 Ibid.



## Stages of Vaccine Development

In Committee, delegates will mostly be dealing with the Clinical, Review and Approval, and Manufacturing stages. Understanding these stages will help delegates understand where individual crisis updates may lie within the broader scheme of Vaccine development.

Stage	Description
Pre-Clinical	Researchers give a preliminary vaccine to animals to see if it triggers an immune response.
Clinical	<p>Phase I - Small groups of people receive the trial vaccine as scientists test for safety (i.e. any serious side effects) and for initial immune responses (i.e. antibody production).</p> <p>Phase II - Study is expanded to analyze correct dosages and also to assess the impact on people with characteristics similar to those for whom the vaccine is intended (i.e. age, pre-existing conditions, etc.).</p> <p>Phase III - a large scale expansion of the trial; thousands receive the vaccine to confirm efficacy and more nuanced safety considerations (i.e. rare side effects).</p>
Review and Approval	<p>The US Food and Drug Administration (FDA) assesses the potency, safety, and purity of the vaccine before approving it for large scale production.</p> <p>During production, the FDA remains involved in monitoring production activities, including facility inspections. The Administration may also request samples of each vaccine batch for additional safety testing.</p>
Manufacturing	Factories begin mass production of the vaccine with the goal of large-scale distribution.
Quality Control	The FDA and CDC co-sponsor a national vaccine safety surveillance program, collecting and analyzing information on side effects of licensed vaccines.

## Operation Warp Speed

In order to accelerate the Vaccine Development timeline, the US Federal government has undertaken Operation Warp Speed which aims to provide vaccines to Americans on a large scale by January of 2021. Typically, the stages outlined above are undertaken sequentially, one after the other. With this new Operation, the government aims to speed up the process by tackling these stages simultaneously. The basic premise is to establish government contracts with various vaccine developers even before the Clinical phase is completed (that is, when trials are still underway) and also ramp-up the manufacturing capacity for the vaccine candidates while their development is still in progress.<sup>53</sup> Clinical trials for determining safety and efficacy will still take place as usual, but since contracts were given out early and manufacturing was arranged in advance, there will be no delay in mass-producing a vaccine once the clinical and approval stages have been conducted.<sup>54</sup>

In order to do this, the task force would have to narrow down current vaccines, over a hundred of which are undergoing trials, to a few candidates for which the government can provide contracts. As of right now (July 2020), the list has been narrowed down to seven vaccine candidates. Out of these seven, the Federal government has provided contracts to five. The vaccine candidates in question are outlined in the table below:

<sup>53</sup>Operation Warp Speed Accelerates COVID-19 Vaccine Development.(2020, June 16).Retrieved July 16,2020 from <https://www.defense.gov/Explore/News/Article/Article/2222284/operation-warp-speed-accelerates-covid-19-vaccine-development/>  
<sup>54</sup> Ibid.



Developer	Development Stage	Contract Information
AstraZeneca x Oxford University	Clinical stage, Phase III started in late July	<ul style="list-style-type: none"> <li>➤ \$1.2 billion allocated for development</li> <li>➤ Agreement to make available 300 million doses for the US</li> <li>➤ Aim to deliver first doses as early as October 2020</li> </ul>
Johnson & Johnson	Clinical Stage, Phase II in progress	<ul style="list-style-type: none"> <li>➤ \$456 million in funds provided</li> <li>➤ Additional research support from the Biomedical Advanced Research and Development Authority (BARDA)</li> <li>➤ Regulatory support provided</li> </ul>
Merck	Clinical Stage, Phase II in progress with results expected late 2020	No public information provided on contract details.
Sanofi	Clinical State, Phase I completed; Phase II planned for September 2020	Very limited public information provided on contract details.
Moderna	Clinical Stage, Phase III started in late July	<ul style="list-style-type: none"> <li>➤ \$483 million in support</li> <li>➤ Received a fast-track designation from the FDA</li> <li>➤ Additional research support from the Biomedical Advanced Research and Development Authority (BARDA)</li> </ul>

Note that the development stages in the table above are as of July 2020. Since the Crisis timeline begins in October 2020, delegates may be informed of progress beyond these stages in the opening Update. Nevertheless, the table may give delegates a comparison of these developers' vaccine progresses relative to each other.

In addition to funding the development of vaccines, investments have also been made in the manufacturing capacities of the respective developers, and in distribution plans and infrastructure.<sup>55</sup>

## Criticism and Controversy

Perhaps the biggest criticism of Operation Warp Speed has been its lack of transparency. It has been unclear how the government had managed to narrow down the 100 candidate vaccines to the 7 that were given consideration, and then to the 5 that received contracts.<sup>56</sup> In fact, by the time the Operation was announced to the public, many of the contracts had gone out weeks or even months in advance.<sup>57</sup> Dr. Nicole Lurie, former Assistant Secretary for Preparedness and Response, says that "we're operating in such an atmosphere of distrust in this country", speaking of the controversies created by vaccine skeptics.<sup>58</sup> As such, she and many others believe that maximal transparency is essential for the achievement of public trust and willingness to take a vaccine once provided.<sup>59</sup>

Another concern surrounds the rapid narrowing down of vaccine candidates to begin with. Since most of the contracts with developers were given out as early as Phase I of trials, there may not have been enough scientific evidence at the time to

55Fact Sheet: Explaining Operation Warp Speed. (2020, June 16). Retrieved July 22, 2020, from <https://www.hhs.gov/about/news/2020/06/16/fact-sheet-explaining-operation-warp-speed.html>

56 Questions About How Crash Program Is Picking Coronavirus Vaccines To Back (2020, June 12). Retrieved July 22, 2020, from <https://www.npr.org/sections/health-shots/2020/06/12/875465099/questions-about-how-crash-program-is-picking-coronavirus-vaccines-to-back>

57 Ibid.

58 Ibid.

59 Ibid.

suggest that the vaccine candidates would be effective.<sup>60</sup> If future studies show problems with the chosen vaccines, alternatives which may have otherwise been successful may not have received the government funding necessary to accelerate development and production.<sup>61</sup> If true, this criticism places Operation Warp Speed on deeply precarious ground, and raises questions over whether its decisions were made based on scientific or economic grounds.<sup>62</sup>

## Committee Direction & Questions to Consider

Since our Committee ranges from October to December of 2020, we will not be venturing into the distribution stage of the Vaccine candidates. Instead, delegates may focus on the final clinical trials of the vaccines, the facilitation of large-scale manufacturing to account for the country's large population, and possibly planning for the tracking of vaccination levels. Delegates will also have to deal with the social implications of such rapid vaccine trials, including suspicion surrounding their safety and opposition to vaccination. Questions to consider include:

- 1) What plan can the Task Force put in motion to facilitate the large-scale distribution of vaccines after their approval and manufacturing?
- 2) Given the limited transparency of Operation Warp Speed, in addition to the existing vaccination suspicions in the US, what measures can the Task Force take to establish credibility and trust in new vaccines?
- 3) What systems can the Task Force put in place to analyze vaccination levels in towns, cities, and states to estimate community immunity levels?

60 Ibid.

61 Ibid.

62 Ibid.



# TOPIC C: Future Protocol

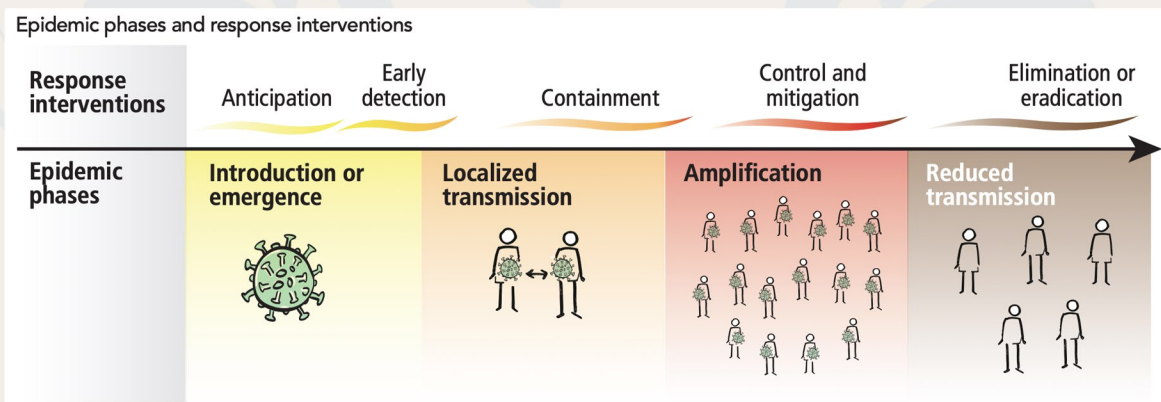
## Stages of the Spread of an Epidemic

Epidemics most typically occur through stages: Anticipation, Early detection, Containment, Control and Mitigation, and finally, Elimination or Eradication.<sup>63</sup> The first stage, also known as Anticipation, refers to the stage in which health officials focus on the most likely threats that could emerge from a novel disease.<sup>64</sup> Such forecasting could not only allow for quick identification of the entities that might worsen the spread of the disease, but also preparedness and plans to be put into action.<sup>65</sup>

The second stage is best known as Early detection, and serves the purpose of driving the epidemic into the containment stage.<sup>66</sup> Health care workers are trained to detect early signs of the disease in order to report into laboratories the number of confirmed cases, which ultimately starts the process of testing new medication, finding potential new strains, etc. <sup>67</sup>According to the World Health Organization, it is critically important that during this stage a system is in place for safely taking samples and shipping specimens to relevant laboratories in full compliance with biosafety and biosecurity regulations.<sup>68</sup>

The third stage as aforementioned is the Containment stage, which is when rapid action is needed when the first case emerges, regardless of whether the etiology of the disease is known or confirmed, in order to stop the large scale widespread of the disease in question.<sup>69</sup>

The fourth stage is known as the Control and Mitigation, which occurs when an epidemic reaches pandemic level, the goal of this immediate response is to control and mitigate the impacts of the pandemic at hand to reduce its detrimental effects on an economic, environmental, political, social and demographic scale.<sup>70</sup> The fifth and final stage is known as Elimination or Eradication.<sup>71</sup> In the case of COVID-19, this committee will be focusing on the elimination rather than the eradication of the disease. The elimination of the disease entails that the disease is sufficiently controlled to no longer occur in a geographical area, as well as no longer be considered a major public health issue.<sup>72</sup>



63 Managing epidemics. (2018). Retrieved July 22, 2020, from <https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf>

64 Ibid.

65 Ibid.

66 Ibid.

67 Ibid.

68 Ibid.

69 Ibid.

70 Ibid.

71 Ibid.

72 Ibid.



It is important for the delegates to understand the reasons for which these stages are important, as the next few sections discuss in more depth the procedures that occur within these stages, and affect the way the pandemic is navigated through. This will offer delegates better insight on what appropriate measures should be taken for the second wave of the COVID-19 pandemic.

## Health Information and Communication Risk

During a pandemic, it is crucial to have health information circulate in order to monitor it and measure the impact of intervention and navigate through what should be done moving forwards.<sup>74</sup> There are two ways of doing so: surveillance of the disease, and information on the interventions.<sup>75</sup> Surveillance of the disease monitors people, time and place, whereas information on the interventions monitors what the coverage of the interventions are and what its impacts are.<sup>76</sup> Communication risk during a pandemic refers to the widespread of false and unreliable information that may spread through several platforms such as gossip, rumors and unreliable news sources.<sup>77</sup> During such times of crises, it is important for three defining factors to work together in order to stop this sort of misinformation outbreak:

**Talk:** It is crucial for figures of authority whether it be in politics, health officials or other forms of individuals holding positions of authority to speak out in appropriate platforms in order to spread official information.<sup>78</sup>

**Listen:** This is an important part as responders of this information, experts and authorities must quickly assess this information, the fears and the perceptions of those affected, and must tailor their response in order to target such concerns.<sup>79</sup>

**Manage Rumors:** A tricky thing to tackle, but an essential one none-the-less as it entails experts and authorities to find misinformation and rumors being spread, and find appropriate means and platforms to correct such false information.<sup>80</sup>

## Health Intervention

In order to reduce transmission, severe morbidity/mortality and its impact on health systems and other sectors, each disease requires different methods in health intervention. In terms of health advances, the world has seen major progress in the 1940s which allowed for better management of pandemics through medical trials and more adequate and appropriate responses to pandemics.<sup>81</sup> In order to keep progressing in the medical field and build better responses to pandemics, we must understand that even in treating patients with supportive care, non expert healthcare workers still have a major role in keeping the rates low, as adequate clinical management can still save lives.<sup>82</sup>

The role of frontline workers comes at a very high level of importance when in a pandemic crisis, as their role consists of both preventing contraction in high-risk groups as well as treating those already infected.<sup>83</sup> This puts them at a major health risk, posing a special problem given that workers are stretched thinly

73 Ibid.

74 Ibid.

75 Ibid.

76 Ibid.

77 Ibid.

78 Ibid.

79 Ibid.

80 Ibid.

81 Ibid.

82 Ibid.

83 Ibid.



already and struggle with the magnitude of work during this crisis.<sup>84</sup> This is where factors such as “emergency planning, preparation, training and coordination are so essential, as is the urgent provision of practical safeguards, especially the necessary personal protective equipment and the knowledge of how to use it properly” comes into play.<sup>85</sup> As delegates, it is important to take into consideration such necessary measures in the administration of future protocols to be taken for the second COVID-19 wave.

## Committee Direction & Questions to Consider

Although this topic is of great importance in the long-term, delegates may see it as a lower priority in comparison to Topics A and B. This is because the Task Force will already be preoccupied with the urgency of the second wave, and the growing demand for a vaccine due to an increasing restlessness of the American population. Nevertheless, if Committee arrives at this topic either due to a resolvment of previous topics or due to delegate debate direction, delegates must remember that there is little that the Federal government can do in implementing specific measures health nation-wide. Instead, they must view their task as a framework which can guide individual state efforts in their long-term plans. Below are some guiding questions for this topic:

- 1) How will the government ensure the implementation of a long-term Covid-19 response on a restless American population given that it will inevitably crystallize as a change of life as we know it?
- 2) Can the Task Force come up with a system for state and federal cooperation on a long-term plan?
- 3) How can different authorities work together to better streamline and align their efforts in order to ensure efficiency and swift responses to outbreaks?

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<sup>84</sup> Ibid.

<sup>85</sup> Ibid.



## Key Members

Member / title	Expertise / General Position
<u>Mike Pence</u> , Vice-President of the United States and Chair of the Task Force	<ul style="list-style-type: none"> <li>➤ Leads Donald Trump's administration response</li> <li>➤ Long-time politician for the Republican party</li> <li>➤ Openly religious, and tends to support policies and organizations that align with the traditional beliefs of Evangelical Catholicism</li> </ul>
<u>Robert Redfield</u> , Director of the Centers for Disease Control and Prevention	<ul style="list-style-type: none"> <li>➤ Oversees the CDC which works to provide the tools that people need to protect their health through health promotion, prevention of disease, and preparedness for health threats</li> <li>➤ Well-known as a public health leader, and has been been actively doing research on viral infections for three decades, made several helpful discoveries about diseases such as AIDS</li> <li>➤ Strong advocate for the use of facial coverings to prevent the spread of COVID-19, believes this is a major key to recovery</li> </ul>
<u>Alex Azar</u> , Secretary of Health and Human Services	<ul style="list-style-type: none"> <li>➤ Manages the Strategic National Stockpile which is meant to be used in a public health crisis</li> <li>➤ Oversees FEMA which became the main source of federal response on behalf of the Health and Human Services</li> </ul>
<u>Anthony Fauci</u> , Director of the National Institute of Allergy and Infectious Diseases	<ul style="list-style-type: none"> <li>➤ Widely regarded as the US's top infectious disease expert</li> <li>➤ Open in his moderate criticism of the US's response thus far, and his willingness to correct/contradict information coming from the White House</li> <li>➤ Has had a long history in American Healthcare, gaining credibility as a reliable source of information for Americans and Scientists alike</li> </ul>
<u>Deborah Birx</u> , US Global AIDS coordinator and Response Coordinator for the Task Force	<ul style="list-style-type: none"> <li>➤ Appointed by Mike Pence and reports to him on the Task Force, giving updates and advice on the Whitehouse's response</li> <li>➤ World-renowned expert and leader in the field of HIV/AIDS and vaccine research</li> <li>➤ Aligns the views of US diplomacy with foreign assistance programs that look at global health challenges</li> <li>➤ Has been critical of Donald Trump's behaviour regarding not wearing masks and not social distancing</li> </ul>
<u>Francis Collins</u> , Director of the National Institutes of Health	<ul style="list-style-type: none"> <li>➤ Oversees clinical testing and medical research done by the NIH team</li> <li>➤ Manages the work of the biggest supporter of biomedical research in the world, well-known for his findings of diseased genes and for his work on the international Human Genome Project</li> <li>➤ Claims he is optimistic about Trump's vaccine-acceleration program and is confident there will be a vaccine for COVID-19 by the end of this year</li> </ul>
<u>Stephen Hahn</u> , Commissioner of Food and Drugs	<ul style="list-style-type: none"> <li>➤ Specializes in oncology, and his research specializes in the molecular causes of a tumor's microenvironment</li> <li>➤ Claims that through this crisis, the standards of the FDA's standards for evaluating products will remain high, and that all decisions must be rooted in science</li> <li>➤ Working to maintain a protected food supply through the pandemic</li> <li>➤ Involved in approving a vaccine for COVID-19</li> </ul>
<u>Ken Cuccinelli</u> , Deputy Secretary of Homeland Security	<ul style="list-style-type: none"> <li>➤ Oversees customs and border security, which works toward the safety of citizens from outside threats</li> <li>➤ Republican politician who was formerly in office in the state of Virginia</li> <li>➤ Known to support policies and organizations that align with his religious beliefs (traditional Christianity)</li> <li>➤ Enforcing that immigrants who would regularly be admitted to the US are being turned away in an attempt to combat COVID-19</li> </ul>



## Committee Mechanics

The make-up of this Task Force makes for tricky power distribution. In a real-life context, the Task Force as a whole acts as an advisory body for respective government authorities dealing with Covid-19 issues. However, since the leaders of these authorities are represented on the Task Force, consensus on policies is usually reached behind the scenes, and announcements of initiatives by the Force is almost surely a confirmation of their implementation. For example, Operation Warp Speed had been designed by the Task Force as a whole and could have merely been a recommendation; but since figures such as the Director of the CDC or the Secretary of the HHS had drafted the Operation as members of the Task Force, the Operation was in practice ordered by the Task Force. Additionally, while individual members have the authority to implement policies through their respective administrations (subject to President bypasses through Executive Orders), they generally avoid so in order to provide a unified Federal response.

Due to this unique dynamic, our Committee will run as a Specialized Agency. This means that all Crisis procedures and elements (Crisis Updates, a Crisis Arc, etc.) will be used, with the exception of private or personal directives. This is to simulate the non-likelihood that a member of the Task Force would take unilateral action against the Force's wishes (in fact, this hasn't happened once since the formation of the Force). However, to reproduce the necessary need for the approval of respective administration leaders in the implementation of policies/initiatives concerning their authorities, directives calling for actions taken by specific administrations must have either the approval or the abstention of the administration leader. For example, since the CDC is responsible for testing, any Directive calling on the CDC to alter/expand/improve testing will have to receive either a vote for or an abstention by Robert Redfield, the head of the CDC. A vote for implies total support, and an abstention implies resignation to the recommendations of the Task Force even if complete approval isn't given. Essentially, heads of authorities that are specifically called on in Directives have veto power on those Directives.

That being said, the President does have authority to overturn this veto power through executive orders. Thus, delegates should make an active effort to collaborate with the Task Force and leave vetoes only for extreme circumstances. Additionally, this structure should not deter delegates from drafting Directives that are specific and action-based. This means that delegates should not aim to bypass veto powers by drafting vague Directives in which specific authorities are not mentioned. In order for Directives to be operative and Committee to be successful, Directives should be precise and clearly delegate tasks/responsibilities.

## Research Guidance and Starting Resources

When preparing for Committee, delegates must first conduct some basic research on the Task Force itself. A common mistake is to overestimate the scope of the Task Force's jurisdiction. For example, delegates must note that the economic implications of the Covid crisis are not the official responsibility of the Force. This does not mean that no economic issues are considered; delegates must keep in mind that some members of the Force oversee economic sectors (for example, the Secretary of Labor) and thus it is reasonable for such delegates to cite economic reasons when arguing for or against certain policies. However, drafting Directives that deal with the economy, such as fiscal stimuli or citizen stimuli cheques, are not within our scope. Additionally, delegates must look into



state and federal jurisdictions, as the US's government structure poses considerable limits on Federal action. Finally, some research on the overall dynamics of the Task Force, including tensions within it or its most public members, may be helpful in crystallizing delegates' understanding of group dynamics.

When researching their respective characters, delegates must take four factors into account: their official capacity as a Federal civil servant (what is their job description?), their political orientation (trying to go deeper than left/right wing, think about their past support for policies), their contributions to the Task Force thus far, and their area of expertise. For each character, some of these factors may be more important than others, but they should give a guide for delegates' research direction.

Below we have outlined some resources for delegates to consult, separated into General and Topic-specific categories. It is not expected that all of these resources are studied in depth, but they may offer a starting point for research.

## General Resources

Summary of the Public Health System in the United States. (1988). Retrieved July 30th, 2020, from <https://www.ncbi.nlm.nih.gov/books/NBK218212/>

An older, but still accurate and highly relevant overview of the American healthcare system for those unfamiliar with its bureaucracy and complexity. Not a necessary source to consult, but greatly helpful to understand the structure for a Committee tasked with healthcare policy.

## Topic A Resources

U.S. Coronavirus Response: Who's In Charge of What? (n.d.). Retrieved July 16, 2020, from <https://www.cfr.org/article/us-trump-coronavirus-response-covid19-agencies-in-charge>

This article is the ideal place to start for delegates - we highly encourage all of you to consult it. It offers a succinct but comprehensive synopsis of who is in charge of what in the US Covid response. This can otherwise be complicated to understand if delegates were to research each agency individually. Consulting this source will allow delegates to operate within jurisdiction in Committee and also direct actions/recommendations to the specific agencies that can implement them.

Coronavirus: The lost six weeks when US failed to contain outbreak. (2020, May 12). Retrieved July 16, 2020, from <https://www.bbc.com/news/av/world-us-canada-52622037/coronavirus-the-lost-six-weeks-when-us-failed-to-contain-outbreak>

A useful video to offer delegates with an overview of the US medical response relative to other nations, in addition to a critical analysis of the attitude of US leaders to the novel disease. This may put the US in context within the world and illustrate the urgency of better US coordination.



Zurcher, A. (2020, May 13). Coronavirus response: Things the US has got right - and got wrong. Retrieved July 16, 2020, from <https://www.bbc.com/news/world-us-canada-52579200>

A thorough evaluation of aspects of the US medical response to the first Wave of Covid-19, organized into successes and failures. This may help delegates learn from past failures when formulating Wave 2 policies.

## Topic B Resources

Vaccine Testing and Approval Process. (2014, May 1). Retrieved July 16, 2020 from <https://www.cdc.gov/vaccines/basics/test-approve.html>

A CDC breakdown of the Vaccine Testing and Approval process. May offer greater detail on the Vaccine development process than the table under "Stages of Vaccine Development".

Fact Sheet: Explaining Operation Warp Speed. (2020, June 16). Retrieved July 22, 2020, from <https://www.hhs.gov/about/news/2020/06/16/fact-sheet-explaining-operation-warp-speed.html>

A summary of Operation Warp speed from the US Department of Health and Services.

Testimony on Operation Warp Speed, Researching, Manufacturing, & Distributing a Safe and Effective Coronavirus Vaccine. (2020, July 1). Retrieved July 22, 2020 from <https://www.nih.gov/about-nih/who-we-are/nih-director/testimony-operation-warp-speed-researching-manufacturing-distributing-safe-effective-coronavirus-vaccine>

An in-depth statement from the National Institute of Health on Operation Warp Speed and Vaccine Development overall, for delegates wishing to gain a deeper understanding of the topic.

Questions About How Crash Program Is Picking Coronavirus Vaccines To Back (2020, June 12). Retrieved July 22, 2020, from <https://www.npr.org/sections/health-shots/2020/06/12/875465099/questions-about-how-crash-program-is-picking-coronavirus-vaccines-to-back>

An NPR evaluation of Operation Warp Speed, with insight from experts and previous government advisors.

## Topic C Resources

Managing epidemics. (2018). Retrieved July 22, 2020, from <https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf>

This WHO report on the management of epidemics with specific recommendations for nations and communities is comprehensive and should give delegates sufficient guidance on the topic. Delegates may wish to consult other sources, but this is not expected given the thoroughness of the report and the possibility of limited Topic C discussion due to time restrictions.

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